

LOCAL CULTURAL COUNCIL GRANT APPLICATION

APPLICATION MUST BE TYPED

If this is a local cultural council-originated request or a capital expenditure request, you must answer additional questions found on the Supplemental Application Questions form.

This application is being submitted to the _____ LCC Submission Date ____ - ____ - ____

APPLICANT INFORMATION

Applicant Organization's Federal ID No. _____

or

Individual Applicant's Social Security No. _____

Legal Status of Applicant (Check one)

- ☐ **01** Individual ☐ **05** Government-State
☐ **02** Nonprofit Organization ☐ **08** Government-Municipal/School
☐ **03** Profit Organization (ineligible)

Applicant's Name (Organization or Individual)

Address

City/State/Zip

Contact Person (Mr/s First M Last)

Daytime Phone

Evening Phone

Applicant Institution (Check one)

- ☐ **01** Individual-Artist ☐ **32** Community Service Org.
☐ **02** Individual-Non-Artist ☐ **37** Parks & Recreation
☐ **19** School ☐ **38** Government Agency
☐ **27** Library ☐ **48** None of the Above

Audience Profile-For Education-Related Projects (Give the number of children from each category who will benefit from this project.)

- ☐ Pre-School ☐ Middle School
☐ Elementary School ☐ High School

PROJECT INFORMATION

Project Description _____ Amount Requested from LCC \$ _____

1. Summarize the proposed project in the space provided. (Describe who is the target audience; what will happen; when and where it will occur; and how the project will be executed. NOTE: You may provide additional narrative on a separate sheet of paper, but you *must* summarize the project here.)

2. Describe the planning done for this project in terms of process, and who or what organizations was/were involved as partners or advisors.

3. Explain how this project will reach and benefit the citizens of *this* community. (Include promotion, expected results, and plans for evaluation.)

4. List major qualifications of key artists, humanists, interpretive scientists, or cultural organizations involved in this project. (Please attach resumes.)

BUDGET INFORMATION

Total Project Cost \$ _____

Matching Funds* \$ _____ Source of Matching Funds _____

* Capital expenditures must have a 2:1 match. Check with the local cultural council to see if there are any additional match requirements.

PROJECT EXPENSES

A. Salaries/Fees

1. Artist/Humanist/

Interpretive Scientist \$ _____

2. Administrative _____

3. Other (Specify) _____

TOTAL Section A \$ _____

B. Space Rental

\$ _____

C. Travel

\$ _____

D. Marketing

\$ _____

E. Remaining Project Expenses

1. Equipment Rental _____

2. Printing _____

3. Office Supplies _____

4. Shipping _____

5. Postage _____

6. Utilities/Telephone _____

7. Insurance _____

8. Ensuring Access _____

TOTAL Section E \$ _____

F. Capital Expenditures

\$ _____

G. TOTAL PROJECT EXPENSES*

(Sum of Totals in Sections A - F) \$ _____

PROJECT REVENUE

A. Earned Income

\$ _____

B. Non-Government

1. Corporate/Business \$ _____

2. Clubs and Organizations _____

3. Other (Specify) _____

TOTAL Section B \$ _____

C. Government

1. Other Local Cultural Councils

(Specify name and \$ or attach list) _____

2. Other MCC Programs _____

3. Other (Municipal, School, etc.) _____

TOTAL Section C \$ _____

D. Applicant Cash

\$ _____

E. Amount Requested from this LCC

\$ _____

F. In-Kind Services, Materials,

and Facilities

\$ _____

G. TOTAL PROJECT REVENUE*

(Sum of Totals in Sections A - F) \$ _____

*NOTE: Total Project Expenses and Total Project Revenue must be equal.

Authorized Signatures: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgement will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved.

Signed _____

Title _____

Date _____

FOR LOCAL/REGIONAL CULTURAL COUNCIL USE ONLY

Amount Approved _____

Signature of LCC Chair or Authorized LCC Member _____

Title _____

Date _____